

## **Supplemental Budget Introduction and Instructions**

The following are various instructions and policies to help you in preparing the supplemental budget.

This area can be removed or deleted before presenting to the various internal service departments, County Manager and Commissioners for review and authorization.

### **Supplemental Budget Instructions**



Supplemental Budget  
Instructions.pdf

### **Core, Necessary, Discretionary Definitions**



Core, Necessary,  
Discretionary Definitions.pdf

### **Capital Asset Policy**



Capital Asset Policy  
31511.pdf

### **Controllable Asset Policy**



Routt County  
Controllable Asset Policy 12-18-12.pdf

### **Statement of Policy Regarding Grant Applications, Their Approval and their Administration**



Statement of Policy  
of Routt County, Colorado Regarding Grant Applications, Their Approval and Their Administration.pdf

## **Human Services Supplemental Budget**

### **Project Title**

Provide a Title for the Project

Increasing our Admin IV position from 28 hours to 40 hours, and not hiring our vacant Admin III.

### **Brief Description of the Request**

Provide a short description of the project, event etc.

DHS previously had two Admin III that were front desk support. One of the Admin III positions was promoted to a vacant Admin IV. During this vacancy we had our Admin IV staff (Economic Security Tech) work from the second desk up front. With this change, we are able to better serve our clients and the position more closely reflects the work the previous front desk staff was doing. With this change we can divide duties up more appropriately and serve clients more efficiently.

### **Source of Unanticipated Revenue and Funding**

Describe how the department will generate additional revenue or cut costs to fund the expenditure request.

This position can be paid with state allocation funds for Admin and Enhanced Medicaid. There would be a cost saving of \$34,000. Both positions are paid with the allocation.

### **Core, Necessary or Discretionary Request**

(Using the criteria defining Core, Necessary or Discretionary categorize in writing the reasons why the request is Core, Necessary, or Discretionary.)

Necessary/Discretionary- DHS would fill one of the positions, either the vacant Admin III or the proposed Admin IV. There is discretion on what is hired, though with the cost savings and benefit to the community

### **Grant Funding**

Describe the grant, provide supporting documentation and if federally funded provide State funded

This will be paid with allocations. These allocations require a county match, which varies depending on program.

## **Justification**

Provide information as to what, where and why the additional expenditure request is needed. Provide statistical information. Case load, turn around time, etc.

The Admin IV position up front more closely represents the duties the previous Admin III was doing. The Admin IV position would allow clients to be served more efficiently.

## **Cost Benefit Analysis**

Prepare a cost/benefit analysis justifying the request.

There is a cost savings of approximately \$33,400 due to not rehiring a vacant Admin III position and increasing the 28 hour a week position by 12 hours, allowing for benefits.

## **Who Will Benefit?**

Identify who will benefit and how many.

The community would benefit from this as well as the staff. Clients accessing benefits will have a better customer service experience. Each month we have between 400-600 walk in clients and 400-700 phone calls. The majority of these clients will either interact with the front desks staff or the tech.

## **Alternatives**

Provide alternatives and discuss the pros and cons to each alternative.

### **Hire the current Vacancy**

This would be the current situation with 2 admin III. They would both provide admin support to the county. When a client came in they would call the Economic Security tech to come to the front to assist the client.

**Pro** Current situation and easy process

**Con** Costs more will less improvement to services to clients..

## **Emergency Need**

Provide information as to why the request is an emergency and cannot be part of the normal annual budget process.

This opportunity arose with an internal promotion. It would be difficult for our department to leave the vacancy open until next budget process. We want to take advantage of the change in staff and successful trial period of covering the front by requesting the change now instead of hiring the same.

## **Consequences of Postponement or Denial**

If the expenditure is postponed or denied what are the consequences (financial, projects not completed, turnaround time)?

Client services would be reduced with the vacancy.

## **Accounting Information**

|                               | <b>Account<br/>Number</b> | <b>Original<br/>Budget</b> | <b>Supplemental<br/>Budget</b> | <b>Amended<br/>Budget</b> |
|-------------------------------|---------------------------|----------------------------|--------------------------------|---------------------------|
| <b>Accounting Information</b> |                           |                            |                                |                           |
| Department Budget Name        |                           |                            |                                |                           |
| <u>Funding Sources</u>        |                           |                            |                                |                           |
| Admin Allocation              |                           | \$ 192,945                 | \$ (33,412)                    | \$ 159,533                |
| Total                         |                           | \$ 192,945                 | \$ (33,412)                    | \$ 159,533                |
| <u>Expenditures</u>           |                           |                            |                                |                           |
| Salaries                      |                           | \$ 137,602                 | \$ (39,451)                    | \$ 98,151                 |
| Benefits                      |                           | 55,343                     | 6,040                          | 64,235                    |
| Total                         |                           | \$ 192,945                 | \$ (33,412)                    | \$ 162,386                |
| Pool Budget Name              |                           |                            |                                |                           |
| <u>Funding Sources</u>        |                           |                            |                                |                           |
|                               |                           | \$ -                       | \$ -                           | \$ -                      |
| Total                         |                           | \$ -                       | \$ -                           | \$ -                      |
| <u>Expenditures</u>           |                           |                            |                                |                           |
|                               |                           | \$ -                       | \$ -                           | \$ -                      |
| Total                         |                           | \$ -                       | \$ -                           | \$ -                      |

**Before submitting the supplemental budget to the BCC, the internal service department managers and the County Manager are required to review and sign off in writing on the supplemental budget request.**

**Internal Service Department Managers Review Comments**

**Reviews and Authorizations**

\_\_\_\_\_  
**Department Manager Signature/Date**

\_\_\_\_\_  
**Capital/Controllable Asset  
Managers Signature/Date**

\_\_\_\_\_  
**Human Resources Signature/Date**

\_\_\_\_\_  
**Budget Manager Signature/Date**

\_\_\_\_\_  
**Purchasing Manager Signature/Date**

\_\_\_\_\_  
**Executive Management Team/Date**

\_\_\_\_\_  
**County Attorney Signature/Date**

\_\_\_\_\_  
**County Manager Signature/Date**

\_\_\_\_\_  
**County Commissioner/Date**

\_\_\_\_\_  
**County Commissioner/Date**